## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

09/363,025

-							يسبيث	<del></del>			/		
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	OTHER THAN	
ات	OTAL OLAINAS		(Columi	<u>n 1)</u>	(Col	umn 2)	ו ר	TYPE			SMALL		
Ľ	OTAL CLAIMS	·			<u> </u>		]	RATE	FEE	]	RATE	FEE	
F	OR	÷	NUMBER	HFILED	NUM	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
т	OTAL CHARGE	ABLE CLAIMS	mi	inus 20=	•	•		X\$ 9=		OR	X\$18=		
INI	DEPENDENT C	CLAIMS	m	ninus 3 =	•			X43=		OR	Voc		
МІ	JLTIPLE DEPE	MOENT CLAIM P	RESENT					+145=		7 1			
* 1'	f the difference	e in column 1 is	less than z	less than zero, enter "0" in column 2			' [	TOTAL	-	OR			
			,		OR	TOTAL	THAN						
	10-30-02	CLAIMS AS A (Column 1)		(Colum	mn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL E		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	$\Big  \Big[$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	* 24	Minus	10		= /		X\$ 9=		OR	X\$18=		
ME	Independent	* 10	Minus		5	= 5		X43=	90	OR	X86=		
Ľ	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+290=		
			L	+145=		OR	+290=						
	4-15-03 (Column 1) (Column 2) (Column 3)							ADDIT. FEE OR ADDIT. FEE					
_		(Column 1) CLAIMS	T .	(Colum		(Column 3)			-55.			- 221	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER BUSLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	• 24	Minus	<b>**</b> /	1 0ъ	=		X\$ 9=		OR	X\$18=		
AME	Independent	• 10	Minus		0	=/	1	X43=		OR	X86=	-	
لـــا	FIRST PHESE	ENTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=		
		•					_	TOTAL			TOTAL		
	11-5-03	(Column 1)		(Columi	-n: 21	(Column 3)	AC	ODIT. FEE <b>L</b>		On A	NODIT. FEE	·	
S	<b>\</b>	CLAIMS		HIGHE	ST			T	ADDI-	Г		ADDI-	
AMENDMENT C		REMAINING - AFTER AMENDMENT		PREVIOL PAID FO	USLY	PRESENT EXTRA			TONAL FEE		RATE '	TIONAL FEE	
NON	Total	· 24	Minus	<b>**</b> 10	00	=		X\$ 9=		OR	X\$18=		
AME	Independent	70	Minus		0	=/		X43=		OR	X86=	•	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR L	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OTAL ADDIT. FEE ON TOTAL ADDIT. FEE													
7	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate boy in column 1.												

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	• •	. <u> </u>	<u></u>									
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS						•		RATE	FEE	] [	RATE	FEE
FC	R .		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGEA	BLE CLAIMS	minus 20=		•			XS 9=		OR	X\$18=	
INC	DEPENDENT SE	AIMS	minus 3 =		•			X43=		OR	X86=	
ML	ILTIPLE DEPEN	DENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ro, enter		olumn 2		TOTAL		OR	TOTAL	
		AMENDED - PART II  (Column 2) (Column 3)			i	SMALL ENTITY			OTHER THAN R SMALL ENTITY			
A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 33	Minus	** /	00	= 6		X\$ 9=		OR	X\$18=	
MEN	Independent	. 13	Minus	***	10	= 3	1	X43=		OR	X86=	258
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER OUSLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total ·	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=	] :	X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+145=		OR	+290=	
	·									OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											•	
AMENDMENT C	1.	CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X43=		OR	X86=	
<b> </b>	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM		ַ	+145=			+290=	
	If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2, writ	e "0" in co	lumn 3.	•	TOTAL		OR OR	TOTAL ADDIT. FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***Off the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***Off the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												